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CONFIRMATION NO. 8137

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/645,002 | FILING DATE<br>08/20/2003<br><br>RULE | CLASS<br>084 | GROUP ART UNIT<br>2837 | ATTORNEY<br>DOCKET NO.<br>P17151 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS  
 Scott P. Dubal, Hillsboro, OR;

\*\* CONTINUING DATA \*\*\*\*\* *None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 11/14/2003

|   |                               |                            |                           |                                |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and<br>Acknowledged<br>Allowance<br><i>[Signature]</i><br>Examiner's Signature Initials | STATE OR<br><br>COUNTRY<br>OR | SHEETS<br><br>DRAWING<br>4 | TOTAL<br><br>CLAIMS<br>31 | INDEPENDENT<br><br>CLAIMS<br>3 |
|---|-------------------------------|----------------------------|---------------------------|--------------------------------|

ADDRESS  
 25694  
 INTEL CORPORATION  
 P.O. BOX 5326  
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TITLE  
 Method and device for imparting distortion effect to signal from stringed instrument

|                                    |   |   |
|------------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>1078 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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